

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5974AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2011
NAME OF PROVIDER OR SUPPLIER SERENITY SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3645 RIO POCO RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted between 2/2/11 and 2/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five.</p> <p>Complaint #NV00027492 was unsubstantiated. The allegation that the resident did not receive appropriate care and treatment and that the facility was too cold were unsubstantiated through document review and interviews with facility staff, ombudsman and resident's family member. The allegation that activities were not offered to the resident was unsubstantiated through interviews with staff, documentation and review of calendars listing daily activities offered to the residents.</p> <p>#NV00027492: the complaint investigation process was initiated by the Bureau of Health Care Quality and Compliance on 2/2/11.</p> <p>The investigation for the allegation that the facility did not provide appropriate care and treatment and that the facility was too cold included:</p> <ul style="list-style-type: none"> - Interviews with the administrator and a caregiver who stated that all appropriate care and services 	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	<p>Continued From page 1</p> <p>were provided to the resident and that the facility was maintained within the required temperature range.</p> <p>- An interview with the resident's daughter who stated the facility took good care of her father and that he never complained of being cold.</p> <p>- An interview with the ombudsman who stated she had visited the facility on many occasions and had no concerns about level of heat in the facility.</p> <p>- A review of a report and a subsequent email written by the ombudsman who interviewed the five residents living at the facility. The report summarized the interviews and the email indicated that most of the residents in the home were happy with their current living situation.</p> <p>- A review of notes from a survey visit and resident interviews conducted by a State representative between 11/30/10 and 2/3/11 indicated no complaints about care or treatment of the residents, and no complaints regarding the temperature in the facility or lack of planned activities.</p> <p>- A review of facility records that included the resident's admission agreement which documented the services that were provided in exchange for the monthly occupancy charges; a discharge notice sent to the family for failure to pay for services; calendars which indicated the daily activities that were planned and offered to the residents; and documentation of the resident's refusal to participate in activities that were offered.</p>	Y 000			

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